



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor –, Joshua M. Sharfstein, M.D., Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

October 18, 2011

Maryland Advisory Council Members: M. Sue Diehl, Chair; Robert M. Pender, Vice-Chair; Charles Reifsnider, Anita Solomon

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Mike Finkle, Michele Forzley, Joshana Goga, Edwin C. Oliver, Livia Pazourek, John Scharf, Anthony Swetz, Jr., Robert Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: T.E. Arthur, Terry Bohrer, Naomi Booker, Tracee Bryant, Chicquita Crawford, Vira Froehlinger, Victor Henderson, Cindy Kauffman, Sharon Lipford, Coordinator; Phoenix Liss, Cynthia Petion, Jacqueline Powell, Linda Raines, Sarah Rhine

PL 102-321 Council Members Absent: Lynn Albizo, Carol Allenza, Sarah Burns, Coordinator; Peter Cohen, Herb Cromwell, Lee Crump, Lesa Diehl, Catherine Drake, Kate Farinholt, A. Scott Gibson, Gerri Gray, Diane Herr, Julie Jerscheid, Michael Lang, George Lipman, William Manahan, Dan Martin, Sheryl Sparer, Jane Walker, Kathleen Ward

MHA Staff Present: Brian Hepburn, Robin Poponne, Iris Reeves, Greta Carter, Cherry Yarborough

Guests and Others: Christina Grodnitzky, DHMH, Training Services Division; Joanne Meekins, Consumer Quality Team of MD; Gerald Beemer, Shore Behavior Health

The Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council held a Retreat on Tuesday, October 18, 2011, 9:00 am–2:00 pm at the Hearing and Speech Agency, Baltimore, with guest facilitator - Christine Grodnitsky, DHMH, Training Services Division.

WELCOME/OVERVIEW OF THE DAY - Cynthia Petion

Cynthia Petion, representing the Mental Hygiene Administration, opened with: remarks of welcome; an introduction of the facilitator; and an overview of the agenda. Members introduced themselves and announced what organization/agency they represented.

ADOPTION OF MINUTES:

The minutes of the September 20, 2011 meeting were approved. Please note that approved minutes will be posted on MHA's Web site, www.dhmh.state.md.us/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

It was announced that the Cultural Competence Conference, *Implementing an Integrated Cultural and Linguistically Competent System of Care*, will be held on Wednesday, November 9, 2011 at the Temple Oheb Shalom in Baltimore, Maryland. The keynote speaker will be Frances L. Brisbane, Ph.D., Dean, School of Social Welfare & Director of the Center for Culturally Competent Education and Training, State University of New York. For more information, contact the Mental Health Services Training Center at <http://trainingcenter.umaryland.edu>.

Planning Committee members and other interested parties, please hold the morning of November 17th to review the MHA State Mental Health Plan Implementation and Mental Health Block Grant Implementation Reports. More information will come.

THE DIRECTOR'S REPORT:

Brian Hepburn, M.D., Executive Director of MHA, gave the following report:

- There was a brief discussion of the continuing process of preparing for Health Care Reform in Maryland including collection of data elements, electronic health records, the idea of an essential benefits package, and the need for DHMH to remain represented in this process to assure adequate focus on behavioral health. One level of data collection is the StateStats, a performance-measurement and data-based management tool implemented by Governor Martin O'Malley in which customized data templates are submitted by participating agencies to the StateStat office biweekly. Through this project, MHA has begun to look at initial data and information on areas such as suicide, smoking, and the uninsured population. Also discussed were needs that will arise as the system makes changes for Health Care Reform, such as people to navigate and assist individuals and families in accessing care.
- Dr. Hepburn reported that MHA's budget for FY 2013 has been submitted at its authorized budget mark and is awaiting feedback from the DHMH budget office. The next few years may present challenges as Medicaid (MA) projects an increase of 10% in the penetration rate and an increase of 2% utilization of mental health services by 2013. He

stressed the importance of evidence-based practices as a way to encourage doing more with less. MHA will continue to emphasize the importance of evidence-based practices such as Assertive Community Treatment (ACT) Teams, that have met fidelity standards, as a mechanism to support the most effective services despite the challenges of a reduced budget.

SPECIAL RECOGNITION:

Dr. Hepburn presented a Governor's Citation to Terry Bohrer who is leaving the Joint Council after more than 30 years of service to the Council and to the state of Maryland. She has long been a champion for enhancement of public mental health services through various roles and she will be missed. We wish her well. Other recognition activities included certificates of appreciation to members who have served five years or more on the Joint Council (Please note details in the addendum to the minutes)

WARM-UP/GROUP ACTIVITY:

Christina Grodnitzky, DHMH Training Services Division, assigned Joint Council Retreat participants with an activity in which they were divided into four groups and given the task of creating a group resume to include ideas from names, affiliations, agency impact, and Council role appreciation. Each group also had to describe what made them special and what made their connection to the Council unique.

REVIEW AND DISCUSSION OF BYLAWS AND OTHER COMPONENTS OF THE COUNCIL STRUCTURE:

A PowerPoint reviewing the current by-laws and the role of Council was presented to the group. Proposed actions are needed in the following areas:

- Coordinators are nominated from the Planning side of the Council by the Nominating Committee and elected by the entire Council membership to serve for two years - It was announced at the retreat that Sharon Lipford, Coordinator for PL 102-321 Planning Council, must resign from this role (she will remain a Council member) prior to her term expiration of June 2012.
- Amendments and additions to some committee descriptions, as listed in the by-laws, were discussed such as specification of membership composition of the Legislative Committee, change of Annual Report Committee from a committee to an item for fiscal year completion, and addition of the Cultural Competence Advisory Group (CCAG) to list of committees.
- There was some discussion of proposed changes to the Council meeting schedule, currently the Council meets monthly eleven times annually (the Council is required to meet at least six times annually).

Decisions:

- It was proposed that either a special election be held or someone from the PL 102-321 Planning Council volunteer to fill the Coordinator position until elections are held in May 2012. The Council Chair will coordinate this decision and possibly accept volunteers in November.
- Amendments to the description of Committees in the by-laws will be printed and addressed at a future meeting.

- No proposed changes to the meeting schedule were made at this time except possibly updating the use of technology within the meetings, such as videoconferencing, to give greater access to members across the state.

GROUP DISCUSSION:

Groups were given the task of meeting (before and after the lunch break) to make recommendations to improve the Joint Council in the following areas: membership, structure/time and behavioral health inclusion.

POST LUNCH ACTIVITIES

CONTINUED GROUP DISCUSSION FROM THE MORNING AGENDA:

Summary of Group Recommendations

Membership:

- Diversified Membership – in concert with statute
- Cultural Integration throughout the council in addition to the “committee”
- Increase Children /Youth voice-mentors in the Council
- Inclusion of Addictions community, Substance Abuse Providers, and Consumers
- Recruitment from local mental health clinics
- Monitor management of membership by tracking: members absences and identifying barriers to filling vacancies
- Develop a grid that highlights who and who is a part of the committee, (i.e., jurisdictionally, geographically) – (possibility of upgrading roster)
- Rotation of meeting locations
- Consideration -Recommend parameters on conditions for high number of absences
- Increased use of technology to include members who live long distances from the meeting site – conference calls, Webinars, videoconferencing, Prezi software

Structure/Time:

- Keep eleven (11) month structure but seriously look into technology to increase inclusion
- Mentoring Ideas:
 - Orientation session
 - Structure of DHMH
- Meet requirements of Federal/state Law and implementation Federal Health Care Reform will determine future changes in structure
- Year around standing Legislative Committee
- Subject matter should be built into the [committee] structure (e.g., suicide prevention, PTSD treatment, childhood trauma, Veterans, substance abuse, bullying, etc.)
- Committees that address the increasing needs of people facing multiple complex issues:
 - Mental Health and Substance Abuse
 - Aging
 - Develop Mental Disabilities
 - Abuse/Neglect

- Justice System (IFSC already established)
- Medical
- Education
- Suicide Prevention (members questioned lack of Council representation on the Governor's Commission on Suicide Prevention)
- Rather than a Governor Writing Committee < Communications Committee to address:
 - Media issues
 - Governor talking points
 - Public awareness
- Planning Committee of Planning Council recommend possible change in name?
 - It is strategic thinking?
 - Is it day-to-day operations?
 - Name accordingly

Behavioral Health Inclusion:

- Members agreed that it is important to open a dialogue with the Behavioral Health Advisory Committee associated with ADAA and possibly arrange a joint meeting.
- Comments made to proceed with caution to maintain identity and importance of mental health issues
- Need for Council to take leadership to strategize process – parallel streams of dialogue
- Work toward a “Retreat” and [semi]-Annual joint meetings with ADAA advisory entity
- Consideration of an Ad Hoc committee for behavioral health issues
- Focus and increased awareness of best/promising practices and evidence-based practices in co-occurring and behavioral health arena

WRAP-UP AND ADJOURNMENT:

It was decided that all the recommendations will be submitted to the entire Joint Council prior to the next meeting for review. The recommendations will be discussed at the November 15th meeting and decisions will be made at that time.

The Executive Committee did not meet.

Please note, the Agenda for the December 20th Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmd.state.md.us/mha.